

# BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam

Felix P. Camacho  
Governor of Guam

Michael W. Cruz, M.D.  
Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 472-4201/3

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**COPY**



Alberto "Tony" Lamorena V  
Director

OCT 29 2010

The Honorable Judith T. Won Pat  
Speaker  
I Mina'Trenta na Liheslaturan Guahan  
155 Hesler Street  
Hagatna, Guam 96910

<b>RECEIVED</b>	
OFFICE OF PUBLIC ACCOUNTABILITY	
DATE:	10/29/10
TIME:	1:10
BY:	man

RE: Submission of FY 2010 4th Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter XIII, Section 6 – Reporting Requirements, of Public Law 30-55, we are hereby submitting our *FY 2010 4th Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2010 Budget and Expenditure Report as of September 30, 2010 (General Fund)
2. Staffing Patterns as of September 30, 2010 (Local and Federal Funded)
3. Financial Status Reports for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of either a quarterly or semi-annual reporting.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

**RECEIVED**  
OCT 29 2010  
Bureau of Budget and  
Management Research

Sincerely,

ALBERTO A. LAMORENA V  
Director

Enclosures

cc: Director, Bureau of Budget and Management Research  
Public Auditor, Office of the Public Auditor

Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date: 10/29/10  
Time: 1:05  
Received by: TB

**FY 2010  
PROJECTION ANALYSIS  
As of September 30, 2010**

Department: **BUREAU OF STATISTICS AND PLANS**  
Division: **SUMMARY**  
Account No.: **8100A1009003A001**

Budget Act(s) (P.L. #) **P.L. 30-55**  
YTD Exp & Enc. Date **9/30/2010**  
LABOR COST (PPE #1) **9/1/2010**  
LABOR COST (PPE #2) **9/25/2010**  
Remaining PP **0.4**

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumb. As Of 9/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 9/1/2010	LABOR COST PPE: 9/25/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) (D - (E + G + L))
111 Salary	814,289	0	814,289	781,496	32,513	13,005	31,672	32,513	32,513	13,005	0	18,767
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	232,218	0	232,218	212,989	8,839	3,576	8,807	8,839	8,839	3,576	0	15,653
TOTAL PPE	1,046,477	0	1,046,477	994,485	41,452	16,581	40,579	41,452	41,452	16,581	0	35,410
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	2,500	75	2,425	0	0	0	0	0	0	0	0	2,425
233 Rent	20,040	0	20,040	20,040	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	75	0	75	75	0	0	0	0	0	0	0	0
290 Sub. Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
383 Tele.	6,480	75	6,385	6,385	0	0	0	0	0	0	0	0
450 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Others	28,075	150	28,825	26,500	41,452	16,581	40,579	41,452	41,452	16,581	0	2,425
TOTALS	1,075,602	150	1,075,402	1,020,985	41,452	16,581	40,579	41,452	41,452	16,581	0	37,835

Footnotes / Notes:



**FY 2010  
PROJECTION ANALYSIS  
As of September 30, 2010**

Department: **BUREAU OF STATISTICS AND PLANS**  
Division: **ADMINISTRATION**  
Account No.: **5100A1003000GA0001**

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allotments (B - C)	Year to Date Exp./ Encumb. As Of: 9/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 9/11/2010	LABOR COST PPE: 9/25/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	299,054	0	299,054	281,711	10,163	4,065	10,163	10,163	10,163	4,065	0	(6,722)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	88,879	0	88,879	70,748	2,750	1,100	2,750	2,750	2,750	1,100	0	(2,967)
TOTAL Pay/Gov	327,933	0	327,933	332,457	12,913	5,165	12,913	12,913	12,913	5,165	0	(9,689)
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	2,500	0	2,425	0	0	0	0	0	0	0	0	0
233 Rent	20,040	0	20,040	20,040	0	0	0	0	0	0	0	2,425
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	0	0	0	0	0	0	0	0	0	0	0	0
280 Sub. Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
381 Power	0	0	0	0	0	0	0	0	0	0	0	0
382 Water	0	0	0	0	0	0	0	0	0	0	0	0
383 Tele.	6,460	0	6,385	6,385	0	0	0	0	0	0	0	0
460 Cap. Out.	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Oper.	29,000	0	28,850	28,435	0	0	0	0	0	0	0	0
TOTALS	356,933	150	356,783	339,892	12,913	5,165	12,913	12,913	12,913	5,165	0	2,425 (7,264)

Footnotes / Notes:

**FY 2010  
PROJECTION ANALYSIS  
As of September 30, 2010**

Department: **BUREAU OF STATISTICS AND PLANS**  
Division: **BUSINESS AND ECONOMIC STATISTICS**  
Account No.: **5700A10832E001**

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget (Act/E) Appropriations P.L. 30-55	Reserves	FY 2010 Allocations (B - C)	Year to Date Exp./Encumb. As of: 9/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 9/11/2010	LABOR COST PPE: 9/25/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	261,044	0	261,044	254,140	11,038	4,414	10,194	11,036	11,036	4,414	0	2,489
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	74,838	0	74,838	70,337	3,078	1,231	3,046	3,078	3,078	1,231	0	3,270
TOTAL Persnls	335,882	0	335,882	324,477	14,113	5,645	13,240	14,113	14,113	5,645	0	5,760
220 Travel	0	0	0	0	0	0	0	0	0	0	0	0
230 Contract	0	0	0	0	0	0	0	0	0	0	0	0
233 Rent	0	0	0	0	0	0	0	0	0	0	0	0
240 Supplies	0	0	0	0	0	0	0	0	0	0	0	0
250 Equip.	0	0	0	0	0	0	0	0	0	0	0	0
271 Drug Testing	75	0	75	75	0	0	0	0	0	0	0	0
280 Sub. Rec.	0	0	0	0	0	0	0	0	0	0	0	0
290 Misc.	0	0	0	0	0	0	0	0	0	0	0	0
361 Power	0	0	0	0	0	0	0	0	0	0	0	0
362 Water	0	0	0	0	0	0	0	0	0	0	0	0
363 Tele.	0	0	0	0	0	0	0	0	0	0	0	0
450 Cap. Out.	75	0	75	75	0	0	0	0	0	0	0	0
TOTAL Opers	335,957	0	335,957	324,552	14,113	5,645	13,240	14,113	14,113	5,645	0	5,760

Footnotes / Notes:

**FY 2010  
PROJECTION ANALYSIS  
As of September 30, 2010**

Department: **BUREAU OF STATISTICS AND PLANS**  
Division: **PLANNING INFORMATION PROGRAM**  
Account No.: **5100A100910SE004**

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumbr. As Of: 9/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 9/11/2010	LABOR COST PPE: 9/25/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapse / (Shortfall) [D - (E + G + L)]
111 Salary	187,519	0	187,519	159,579	7,213	2,885	7,213	7,213	7,213	2,885	0	25,055
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	80,015	0	80,015	43,604	2,015	806	2,015	2,015	2,015	806	0	15,604
TOTAL Pers/Sys	247,534	0	247,534	203,183	9,228	3,691	9,228	9,228	9,228	3,691	0	40,659
220 Travel	0	0	0	0							0	0
230 Contract	0	0	0	0							0	0
233 Rent	0	0	0	0							0	0
240 Supplies	0	0	0	0							0	0
250 Equip	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub. Rec.	0	0	0	0							0	0
280 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Oper	0	0	0	0							0	0
TOTALS	247,534	0	247,534	203,183	9,228	3,691	9,228	9,228	9,228	3,691	0	40,659

Footnotes / Notes:



**FY 2010  
PROJECTION ANALYSIS  
As of September 30, 2010**

Department: BUREAU OF STATISTICS AND PLANS  
Division: SOCIO ECONOMIC PLANNING  
Account No.: 5100A100920SE005

A	B	C	D	E	F	G	H	I	J	K	L	M
Account Code	Budget Act(s) Appropriations P.L. 30-55	Reserve	FY 2010 Allocations (B - C)	Year to Date Exp. / Encumb. As Of: 9/30/2010	CURRENT Staffing Pattern PP Requirement	Remaining PP Personnel Requirement (Remain. PP x F)	LABOR COST PPE: 9/1/2010	LABOR COST PPE: 9/25/2010	Avg. PP Requirement [(F + G) / 2]	Remaining PP Personnel Requirement (Remain. PP x J)	Other Requirements	Projected Lapses / (Shortfalls) [D - (E + G + L)]
111 Salary	106,642	0	106,642	106,066	4,102	1,641	4,102	4,102	4,102	1,641	0	(1,064)
112 OT	0	0	0	0	0	0	0	0	0	0	0	0
113 Benefits	26,486	0	26,486	28,303	1,086	438	1,086	1,086	1,086	438	0	(255)
TOTAL Persnls	135,128	0	135,128	134,369	5,187	2,079	5,187	5,187	5,187	2,079	0	(1,320)
220 Travel	0	0	0	0							0	0
230 Contract	0	0	0	0							0	0
233 Rent	0	0	0	0							0	0
240 Supplies	0	0	0	0							0	0
250 Equip.	0	0	0	0							0	0
271 Drug Testing	0	0	0	0							0	0
280 Sub. Rec.	0	0	0	0							0	0
280 Misc.	0	0	0	0							0	0
361 Power	0	0	0	0							0	0
362 Water	0	0	0	0							0	0
363 Tele.	0	0	0	0							0	0
450 Cap. Out.	0	0	0	0							0	0
TOTAL Opns	0	0	0	0							0	0
TOTALS	135,128	0	135,128	134,369	5,187	2,079	5,187	5,187	5,187	2,079	0	(1,320)

Footnotes / Notes:

Run Date : 10/12/10  
 Run Time : 14:31:42

Page : 1  
 Program: PRTAPP

STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

User ID : BOPCUART  
 To date : 9/2010  
 Account : 5100A1009  
 Dept/Division :  
 Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<b>TOT APPROPRIATION</b>						
5100A100900GA001111 ADMINISTRATION		259,054.00	261,711.04		2,657.04-	
5100A100900GA001113 ADMINISTRATION		68,879.00	70,745.52		1,866.52-	
5100A100900GA001114 ADMINISTRATION		2,509.00				
5100A100900GA001230 ADMINISTRATION		20,040.00				
5100A100900GA001233 ADMINISTRATION		20,040.00				
5100A100900GA001363 ADMINISTRATION		6,460.00				
5100A100900GA001363 ADMINISTRATION		6,385.00				
<b>GA001 PROGRAM TOTALS</b>		<b>Count: 6</b>	<b>358,685.41</b>	<b>196.15</b>	<b>2,098.56-</b>	<b>150.00</b>
00 DIVISION TOTALS		<b>Count: 6</b>	<b>358,685.41</b>	<b>196.15</b>	<b>2,098.56-</b>	<b>150.00</b>
5100A100910SR004111 PLANNING INFORMATION		187,519.00	159,579.12		27,939.88	
5100A100910SR004113 PLANNING INFORMATION		60,015.00	43,604.44		16,410.56	
5100A100910SR004114 PLANNING INFORMATION						
<b>SR004 PROGRAM TOTALS</b>		<b>Count: 3</b>	<b>203,183.56</b>		<b>44,350.44</b>	
10 DIVISION TOTALS		<b>Count: 3</b>	<b>203,183.56</b>		<b>44,350.44</b>	
5100A100920SR005111 SOCIAL ECONOMIC PLANNING		106,642.00	106,065.84		576.16	
5100A100920SR005113 SOCIAL ECONOMIC PLANNING		28,486.00	28,302.80		183.20	
5100A100920SR005114 SOCIAL ECONOMIC PLANNING						
<b>SR005 PROGRAM TOTALS</b>		<b>Count: 3</b>	<b>134,368.64</b>		<b>759.36</b>	
20 DIVISION TOTALS		<b>Count: 3</b>	<b>134,368.64</b>		<b>759.36</b>	
5100A100932EI001111 BUSINESS & ECONOMIC STATISTICS		261,044.00	254,140.40		6,903.60	

User ID : BOPCUBAT  
 To date : 9/2010  
 Account : 5100A1009  
 Dept/Division :  
 Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<b>TOT APPROPRIATION</b>						
5100A100932E100113	BUSINESS & ECONOMIC STATISTICS	74,838.00	70,336.65		4,501.35	
5100A100932E100114	BUSINESS & ECONOMIC STATISTICS					
5100A100932E1001271	BUSINESS & ECONOMIC STATISTICS	75.00	75.00			
<b>PROGRAM TOTALS</b>						
335	PROGRAM TOTALS	Count: 4	324,552.05		11,404.95	
<b>DIVISION TOTALS</b>						
335	DIVISION TOTALS	Count: 4	324,552.05		11,404.95	
<b>DEPARTMENT TOTALS</b>						
09	DEPARTMENT TOTALS	Count: 16	1,020,789.66	196.15	54,416.19	150.00
<b>APPLY+FY TOTALS</b>						
A10	APPLY+FY TOTALS	Count: 16	1,020,789.66	196.15	54,416.19	150.00
<b>FUND TOTALS</b>						
100	FUND TOTALS	Count: 16	1,020,789.66	196.15	54,416.19	150.00
<b>FUND TOTALS</b>						
100	FUND TOTALS	Count: 16	1,020,789.66	196.15	54,416.19	150.00



**Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Pattern  
As of: September 30, 2010**

**Input by Department**

[illegible]

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM  
 FUND: SUMMARY  
 Basis: 100% GENERAL FUND

Government of Guam  
 Fiscal Year 2010  
 Budget  
 Agency Current Staffing Pattern  
 As of: September 30, 2010

Input by Department																			Input by Department			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)			
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Speciale	Date	Increment (3%/Annuit)	(F+G+H+J) Subtotal	Retirement (K + 26.04%) (\$16.667267267267267%)	Medicare (0.01) (\$1.45% * K)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life 174 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K * S) TOTAL				
1	BES-001	Statistician II	J-12	\$ 36,865	\$ -	\$ -	12/17/2010	\$ -	\$ 36,865	\$ 9,600	\$ -	\$ -	\$ -	\$ -	174	\$ 3,164	\$ 413	\$ 13,351	\$ 59,216			
2	BES-002	Data Control Clerk II	E-1	\$ 17,635	\$ -	\$ -	8/20/2011	\$ -	\$ 17,635	\$ -	\$ 433	\$ -	\$ 256	\$ 174	\$ -	\$ -	\$ 349	\$ 1,212	\$ 18,867			
3	BES-003	VACANT	E-1	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
4	BES-004	Statistical Technician II	E-15	\$ 31,418	\$ -	\$ -	4/21/2012	\$ 443	\$ 31,861	\$ 8,297	\$ -	\$ -	\$ 462	\$ 174	\$ 3,164	\$ 385	\$ 12,482	\$ 64,343				
5	BES-005	Statistical Technician I	E-13	\$ 35,571	\$ -	\$ -	6/17/2012	\$ 401	\$ 35,972	\$ 9,387	\$ 433	\$ -	\$ 522	\$ 174	\$ 3,606	\$ 385	\$ 14,487	\$ 90,459				
6	BES-006	Statistician II	J-10	\$ 34,414	\$ -	\$ -	2/4/2013	\$ -	\$ 34,414	\$ 8,361	\$ -	\$ -	\$ -	\$ 174	\$ 1,838	\$ 231	\$ 11,204	\$ 45,618				
7	BES-007	Statistical Technician I	E-1	\$ 16,656	\$ -	\$ -	4/26/2011	\$ -	\$ 16,656	\$ 4,337	\$ -	\$ -	\$ 242	\$ -	\$ -	\$ -	\$ -	\$ 4,579	\$ 21,235			
8	BES-010	VACANT	E-1	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
9	BES-011	Statistical Technician I	E-11	\$ 31,811	\$ -	\$ -		\$ -	\$ 31,811	\$ 8,075	\$ -	\$ -	\$ 450	\$ 174	\$ 2,233	\$ 270	\$ 11,202	\$ 42,213				
10	BES-012	Statistical Technician I	E-11	\$ 28,858	\$ -	\$ -	11/22/2011	\$ -	\$ 28,858	\$ 6,516	\$ -	\$ -	\$ 375	\$ 174	\$ 2,233	\$ 270	\$ 9,568	\$ 35,624				
11	BES-013	Chief Economist	Q-8	\$ 56,493	\$ -	\$ -	3/6/2012	\$ -	\$ 56,493	\$ 14,236	\$ -	\$ -	\$ 819	\$ 174	\$ 2,233	\$ 385	\$ 17,867	\$ 74,548				

\* Night Differential/Standby Worker Compensation, etc.

**Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Pattern  
As of: September 30, 2010**

**[BBMR SP-1]**

[illegible]

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM  
 FUND: SUMMARY  
 Basis: 100% GENERAL FUND

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: September 30, 2010

[BBMR SP-1]

Input by Department																			Input by Department			
(A)	(B)	(C)	(D)	(E)	(F)	(G)		(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)			
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specials	Increment			(F+G+H+J) Subtotal	Retirement (K * 26.04%)	Retire (DD) (\$16.66*ADP*8)	Social Security (6.2% * N)	Medicare (1.45%*K)	Life 1174 * E	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL			
1	SOO007	Planner III	M-14	\$49,344	0	0	1/13/2011	0	0	49,344	\$12,854	0	0	\$716	1174	3,606	416	17,764	67,128			
2	SOO006	Planner III	N-16	\$57,278	0	0	5/27/2011	0	0	57,278	\$14,915	0	0	0	174	0	0	0	\$15,089	\$72,367		

\* Night Differential/Standby/Worker's Compensation/etc.





Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Pattern  
As of: September 30, 2010

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
AGENCY: BUREAU OF STATISTICS AND PLANS  
PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)  
FUND: SUMMARY  
Basis: 100% Federally Funded

Input by Department																			
Input by Department										Input by Department									
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Increment		(P+Q+R+J)	Retirement (K * 26.04%)	Retire (DDI) (\$16,667.26PP-E)	Social Security (6.2% * N)	Benefits		Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K + S) TOTAL
								Date	(2% Amount)					Life 1/4 * E	Medical 1/4 * E				
1	BYRNE001	Prisoner III	Lola E. Leon Guerrero	M-14	\$ 49,344	\$ -	-	1/2/2012	\$ -	\$ 49,344	\$ 12,440	\$ -	\$ -	\$ 716	\$ 174	\$ 3,164	\$ 385	\$ 16,879	\$ 64,243
2	BYRNE003	Administrative Assistant	Jodie Rose U. Nolasco	J-11	\$ 35,618	\$ -	-	8/10/2012	\$ -	\$ 35,618	\$ 8,976	\$ -	\$ -	\$ 516	\$ 174	\$ 3,164	\$ 385	\$ 13,215	\$ 48,833
3																			
4																			
5																			
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28																			
29																			
30																			
Grand Total:					\$ 84,962	\$ -	\$ -		\$ -	\$ 84,962	\$ 21,415	\$ -	\$ -	\$ 1,232	\$ 348	\$ 6,328	\$ 770	\$ 30,294	\$ 115,076
Total: Under \$100,000: 100% of Department's Compensation: 100%																			

\* Night Differential/Standby/Officer's Compensation/etc.

**Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Pattern  
As of: September 30, 2010**

[illegible]

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
AGENCY: BUREAU OF STATISTICS AND PLANS  
PROGRAM: LAND USE GIS PLANNING PROGRAM

**FUND: SUMMARY**

**Ratio: 100 % Federally Funded under Coastal Zone Management Administration Grants**

**Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Pattern  
As of: September 30, 2010**

**[BBMR SP-1]**

[illegible]



**Government of Guam  
Fiscal Year 2010 Budget  
Agency Current Staffing Patterns  
As of: September 30, 2010**

**[BBMR SP-1]**

- **Night Differential/Hazardous/Worker's Compensation/etc.**

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY

Ratio: 100% Federally Funded

Government of Guam  
 Fiscal Year 2010 Budget  
 Agency Current Staffing Pattern  
 As of: September 30, 2010

[BBMR SP-1]

Input by Department														
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Date	Increment (2% Annual)	(F+C+H+J) Subtotal	Retirement (K * 26.04%)	Retire (DID) (\$16,667/2672)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life 174 * R
1	Director, DDC	Manuel Cruz	P-11	\$57,209	0	\$0	10/29/2010	\$0	\$57,209	\$14,897	\$433	\$0	\$653	\$174
2	Program Coordinator IV	Maria C. Tedesco-Libira	N-9	45,043	0	0	3/13/2012	\$0	45,043	\$11,729	0	0	\$11	\$174
3	Program Coordinator I	Jessica T. Contreras	K-9	35,751	0	0			35,751	\$9,310	\$33	0	\$11	\$174
4														
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29														
30														
Grand Total:				\$134,003	\$0	\$0		\$0	\$134,003	\$35,936	\$466	\$0	\$1,994	\$522
													\$5,959	\$695
														\$45,440
														\$183,443

\* High Differential/Reasonable Worker's Compensation/etc.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NA10NMF4370094</div>		Page <span style="border: 1px solid black; padding: 2px;">1</span> of <span style="border: 1px solid black; padding: 2px;">2</span> pages			
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H100910DC105		<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <span style="margin-left: 50px;">July 1, 2010</span> To: (Month, Day, Year) <span style="margin-left: 50px;">June 30, 2013</span>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <span style="margin-left: 50px;">September 30, 2010</span>					
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)					Cumulative		
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$0.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$0.00		
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A
g. Totals:						N/A	
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b>							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="font-weight: bold; font-size: 1.1em;">ALBERTO A. LAMORENA V, Director</div>						<b>c. Telephone (Area code, number and extension)</b> (671) 472-4201-3  <b>d. Email address</b> tlamorena@gmail.com	
<b>b. Signature of Authorized Certifying Official</b> 						<b>e. Date Report Submitted (Month, Day, Year)</b> 28 OCT 2010	
<b>14. Agency use only:</b> See Page 2							

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page	of
Department of Commerce/NOAA		NA10NMF4370094		2	2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
778904292	980018947	5101H100910DC105			
8. Project/Grant Period From: (Month, Day, Year) July 1, 2010		To: (Month, Day, Year) June 30, 2013	9. Reporting Period End Date From: (Month, Day, Year) September 30, 2010		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
14. Agency use only: Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 0% of the Federal funding for this award in 8% of the award period.					



# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NA07NOS4260060</div>		Page <span style="border: 1px solid black; padding: 2px;">1</span> of <span style="border: 1px solid black; padding: 2px;">2</span> pages			
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H080930EII14	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2007</div>		To: (Month, Day, Year) <div style="text-align: center;">September 30, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$227,736.54		
b. Cash Disbursements					\$261,725.54		
c. Cash on Hand (line a minus b)					-\$33,989.00		
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
g. Totals:					N/A	N/A	N/A
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2							
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="font-weight: bold; font-size: 1.1em;">ALBERTO A. LAMORENA V, Director</div>					<b>c. Telephone (Area code, number and extension)</b> (671)472-4201-3		
<b>b. Signature of Authorized Certifying Official</b> 					<b>d. Email address</b> tlamorena@gmail.com		
<b>e. Date Report Submitted (Month, Day, Year)</b> <div style="text-align: center; font-weight: bold;">28 OCT 2010</div>					<b>14. Agency use only:</b> See Page 2		

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA07NOS4260060		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H080930EI114	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2007		To: (Month, Day, Year)  September 30, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  As of 9/30/10 there is a negative cash on hand in the amount of (\$33,989.00). Our Accounting department made subsequent drawdowns immediately after the closing of the semi-annual period. A total of \$32,829.53 in drawdowns were made after the semi-annual reporting period. Additional drawdowns were made on the following dates:  10/07/10 - \$14,187.26 10/15/10 - \$ 9,274.70 10/19/10 - \$ 9,367.57					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  Cash on hand (line 10.c) is -\$33,989.00. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 58% of the Federal funding for this award in 75% of the award period.					

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em;"> <b>NA09NOS4190175      Section 306/306A</b> </div>		Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>		
pages							
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H100930CE101	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2009</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b>				Cumulative			
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts				\$598,861.76			
b. Cash Disbursements				\$533,606.92			
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				N/A			
e. Federal share of expenditures				N/A			
f. Federal share of unliquidated obligations				N/A			
g. Total Federal share (sum of lines e and f)				N/A			
h. Unobligated balance of Federal funds (line d minus g)				N/A			
<b>Recipient Share:</b>							
i. Total recipient share required				N/A			
j. Recipient share of expenditures				N/A			
k. Remaining recipient share to be provided (line i minus j)				N/A			
<b>Program Income:</b>							
l. Total Federal program income earned				N/A			
m. Program income expended in accordance with the deduction alternative				N/A			
n. Program income expended in accordance with the addition alternative				N/A			
o. Unexpended program income (line l minus line m or line n)				N/A			
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A
g. Totals:      N/A      N/A      N/A							
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b> See Page 2							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="text-align: center; font-size: 1.1em;"> <b>Alberto A. Lamorena V</b> </div>				<b>c. Telephone (Area code, number and extension)</b>  			
<b>b. Signature of Authorized Certifying Official</b> 				<b>d. Email address</b>  			
				<b>e. Date Report Submitted (Month, Day, Year)</b>  			
<b>14. Agency use only:</b> See Page 2							

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

m

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA09NOS4190175      Section 306/306A		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H100930CE101	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2009		To: (Month, Day, Year)  March 31, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Our financial records show that cumulative drawdown or cash receipts through 9/30/10 is \$571,015.24. For Section 306, total cash receipts up through 9/30/10 is \$533,606.92. In comparison to total expenditures up through 9/30/10 of \$598,861.76, there is a negative cash on hand of (\$65,254.84). Our Accounting department made to subsequent drawdowns to cover this negative cash on hand:  10/7/10 - \$45,516.87 10/19/10 - \$31,965.48					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  Cash on hand (line 10.c) is \$65,254.84. An explanation for this large amount of cash on hand is required from the recipient.  This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$598,861.76. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67 for all CZM sections of this award. There are no other CZM sections for this award. The recipient has reported cash receipts of \$598,861.76 on Line 10.a. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67. An explanation of this discrepancy should be provided by the recipient.  None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 61% of the Federal funding for this award in 67% of the award period.					



# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em;"> <b>NA09NOS4190175      Section 309</b> </div>		Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>		
pages							
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H100930CE102	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2009</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)					Cumulative		
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$0.00		
b. Cash Disbursements					\$1,620.00		
c. Cash on Hand (line a minus b)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A
			g. Totals:		N/A	N/A	N/A
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b> See Page 2							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center; font-size: 1.1em;"> <b>Alberto A. Lamorena V</b> </div>						c. Telephone (Area code, number and extension)  d. Email address  e. Date Report Submitted (Month, Day, Year)	
b. Signature of Authorized Certifying Official 						14. Agency use only: See Page 2	

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

B

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>NA09NOS4190175    Section 309</b>	Page 2	of 2
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3. Recipient Organization (Name and complete mailing address including Zip code)  
Government of Guam, Department of Administration  
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H100930CE102	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) October 1, 2009	To: (Month, Day, Year) March 31, 2011	9. Reporting Period End Date From: (Month, Day, Year) September 30, 2010
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Our financial records show that the cumulative drawdown or cash receipts through 9/30/10 is \$571,015.24 for all programs, Section 306, 309, and 310. Under Section 309, there has been no drawdowns or cash receipts.

## 14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$0.00. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67 for all CZM sections of this award.

There are no other CZM sections for this award. The recipient has reported cash receipts of \$0.00 on Line 10.a.

The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67.

An explanation of this discrepancy should be provided by the recipient.

None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.

Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 0% of the Federal funding for this award in 67% of the award period.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em;">NA09NOS4190175    Section 310</div>		Page 1	of 2		
pages							
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  510!H100930CE103	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2009</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$37,408.32		
b. Cash Disbursements					\$43,032.28		
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
<b>11. Indirect Expense</b>	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
g. Totals:					N/A	N/A	N/A
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2							
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="text-align: center; font-size: 1.2em;">Alberto A. Lamorena V</div>						<b>c. Telephone</b> (Area code, number and extension)  <b>d. Email address</b>  <b>e. Date Report Submitted</b> (Month, Day, Year)	
<b>b. Signature of Authorized Certifying Official</b> 						<b>14. Agency use only:</b> See Page 2	

Standard Form 425  
OMB Approval Number: 0348-0061  
Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

A

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report Is Submitted  Department of Commerce/NOAA	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA09NOS4190175      Section 310	Page 2	of 2
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3. Recipient Organization (Name and complete mailing address including Zip code)  
Government of Guam, Department of Administration  
Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam

4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  510!H100930CE103	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year)  October 1, 2009	To: (Month, Day, Year)  March 31, 2011	9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Our financial records show the cumulative drawdowns or cash receipts through 9/30/10 is \$571,015.24, which is for all programs, Section 306, 309, and 310. Of the aforementioned amount only \$37,408.32 was drawn down. In comparison, there were \$43,032.28 in expenditures, generating a Negative Cash on Hand amount of (\$5,623.96).

Please be mindful, subsequent drawdowns were made immediate after the closing of the semi-annual reporting period. The following drawdowns were made to cover the negative cash on hand as of 9/30/10:

10/7/10 - \$4,676.04  
10/19/10 - \$2,369.84

## 14. Agency use only:

Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.

This report has NOT been submitted.

Cash on hand (line 10.c) is -\$5,623.96. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.

This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$37,408.32. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67 for all CZM sections of this award.

There are no other CZM sections for this award. The recipient has reported cash receipts of \$37,408.32 on Line 10.a.

The Federal accounting system (CBS) has determined that the amount received by the recipient is \$550,788.67.

An explanation of this discrepancy should be provided by the recipient.

None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.

Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 4% of the Federal funding for this award in 67% of the award period.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em;"> <b>NA08NOS4190455      Section 306/306A</b> </div>		Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>			
pages								
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam								
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H090930CE101	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual				
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2008</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>				
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)								
Cumulative								
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>								
a. Cash Receipts					\$630,560.30			
b. Cash Disbursements					\$650,257.07			
c. Cash on Hand (line a minus b)					-\$19,696.77			
(Use lines d-o for single grant reporting)								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized					N/A			
e. Federal share of expenditures					N/A			
f. Federal share of unliquidated obligations					N/A			
g. Total Federal share (sum of lines e and f)					N/A			
h. Unobligated balance of Federal funds (line d minus g)					N/A			
<b>Recipient Share:</b>								
i. Total recipient share required					N/A			
j. Recipient share of expenditures					N/A			
k. Remaining recipient share to be provided (line i minus j)					N/A			
<b>Program Income:</b>								
l. Total Federal program income earned					N/A			
m. Program income expended in accordance with the deduction alternative					N/A			
n. Program income expended in accordance with the addition alternative					N/A			
o. Unexpended program income (line l minus line m or line n)					N/A			
11. Indirect Expense	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A	
g. Totals:						N/A	N/A	N/A
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2								
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)								
a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center; font-size: 1.1em;"> <b>Alberto A. Lamorena V</b> </div>						c. Telephone (Area code, number and extension)  d. Email address		
b. Signature of Authorized Certifying Official 						e. Date Report Submitted (Month, Day, Year)		
<b>14. Agency use only:</b> See Page 2								

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA08NOS4190455      Section 306/306A		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H090930CE101	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2008		To: (Month, Day, Year)  March 31, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  The cash receipts determined under the Federal Accounting System (FAS) shows a total of \$698,487.16. This is a total drawdown for all programs, Sections 306, 309, and 310. Total drawdown under Section 306 is \$630,560.30 compared to \$650,257.07 in expenditures, leaving a Negative Cash on hand balance of (\$19,696.77). A subsequent drawdown in the amount of \$19552.77 was made on October 7, 2010.					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  Cash on hand (line 10.c) is -\$19,696.77. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.  This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$630,560.30. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16 for all CZM sections of this award. There are no other CZM sections for this award. The recipient has reported cash receipts of \$630,560.30 on Line 10.a. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16. An explanation of this discrepancy should be provided by the recipient.  None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 67% of the Federal funding for this award in 80% of the award period.					

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-size: 1.2em;"> <b>NA08NOS4190455      Section 309</b> </div>		Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>		
pages							
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H090930CE102		<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2008</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b>					Cumulative		
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$0.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$0.00		
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A
g. Totals:      N/A      N/A      N/A							
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2							
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="text-align: center; font-size: 1.2em;"> <b>Alberto A. Lamorena V</b> </div>						<b>c. Telephone (Area code, number and extension)</b>  	
<b>b. Signature of Authorized Certifying Official</b> 						<b>d. Email address</b>  	
						<b>e. Date Report Submitted (Month, Day, Year)</b>  	
<b>14. Agency use only:</b> See Page 2							

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.



# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA08NOS4190455      Section 309		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H090930CE102	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2008		To: (Month, Day, Year)  March 31, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  The Federal Accounting System balance shows a total drawdown of \$698,487.16. Please be mindful, this drawdown balance covers cash receipts for all programs, Section 306, 309, and 310. The true expenditures and cash receipts for Section 309 program is \$ -0-.					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$0.00. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16 for all CZM sections of this award. There are no other CZM sections for this award. The recipient has reported cash receipts of \$0.00 on Line 10.a. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16. An explanation of this discrepancy should be provided by the recipient.  None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 0% of the Federal funding for this award in 80% of the award period.					

# FEDERAL FINANCIAL REPORT

(Follow form Instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NA08NOS4190455      Section 310</div>		Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam							
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H090930CE103	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2008</div>		To: (Month, Day, Year) <div style="text-align: center;">March 31, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)					Cumulative		
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$67,926.86		
b. Cash Disbursements					\$67,926.86		
c. Cash on Hand (line a minus b)							
<b>(Use lines d-o for single grant reporting)</b>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					N/A		
e. Federal share of expenditures					N/A		
f. Federal share of unliquidated obligations					N/A		
g. Total Federal share (sum of lines e and f)					N/A		
h. Unobligated balance of Federal funds (line d minus g)					N/A		
<b>Recipient Share:</b>							
i. Total recipient share required					N/A		
j. Recipient share of expenditures					N/A		
k. Remaining recipient share to be provided (line i minus j)					N/A		
<b>Program Income:</b>							
l. Total Federal program income earned					N/A		
m. Program income expended in accordance with the deduction alternative					N/A		
n. Program income expended in accordance with the addition alternative					N/A		
o. Unexpended program income (line l minus line m or line n)					N/A		
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A
			g. Totals:		N/A	N/A	N/A
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b> See Page 2							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Alberto A. Lamorena V</div>					c. Telephone (Area code, number and extension)  		
b. Signature of Authorized Certifying Official 					d. Email address  		
					e. Date Report Submitted (Month, Day, Year)  		
<b>14. Agency use only:</b> See Page 2							

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

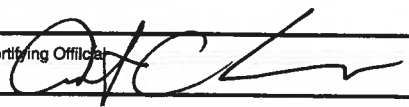
# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA08NOS4190455      Section 310		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H090930CE103	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2008		To: (Month, Day, Year)  March 31, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  The cash receipts determined under the Federal Accounting System (FAS) shows a total of \$698,487.16. This is a total drawdown for all programs, Sections 306, 309, and 310. Total expenditures under this section is \$67,926.86 and cash receipts match these expenditures leaving a zero balance.					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  This is a Coastal Zone Management Award. The recipient has reported cash receipts of \$67,926.86. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16 for all CZM sections of this award. There are no other CZM sections for this award. The recipient has reported cash receipts of \$67,926.86 on Line 10.a. The Federal accounting system (CBS) has determined that the amount received by the recipient is \$698,487.16. An explanation of this discrepancy should be provided by the recipient.  None of the SF-425 Reports for this award should be accepted by the Grants Specialist until all CZM sections are submitted and the sum of the Cash Receipts are determined to add up to the total withdrawn amount for the Award, or some other appropriate explanation is provided.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 7% of the Federal funding for this award in 80% of the award period.					

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> 2007-CD-BX-0061				Page <b>1</b> of <b>1</b>		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950										
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b>  5101E080933PA101			<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final		<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2007					To: (Month, Day, Year) 09/30/2010		<b>9. Reporting Period End Date</b> 09/30/2010			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							Cumulative			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>										
a. Cash Receipts										
b. Cash Disbursements										
c. Cash on Hand (line a minus b)										
(Use lines d-o for single grant reporting)										
<b>Federal Expenditures and Unobligated Balance:</b>										
d. Total Federal funds authorized							\$ 96,594.00			
e. Federal share of expenditures							\$ 96,540.00			
f. Federal share of unliquidated obligations							\$ 0.00			
g. Total Federal share (sum of lines e and f)							\$ 96,540.00			
h. Unobligated balance of Federal funds (line d minus g)							\$ 54.00			
<b>Recipient Share:</b>										
i. Total recipient share required							\$ 0.00			
j. Recipient share of expenditures							\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)							\$ 0.00			
<b>Program Income:</b>										
l. Total Federal program income earned							\$ 0.00			
m. Program income expended in accordance with the deduction alternative										
n. Program income expended in accordance with the addition alternative							\$ 0.00			
o. Unexpended program income (line l minus line m or line n)							\$ 0.00			
<b>11. Indirect Expense</b>		a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		
					g. Totals:					
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b>										
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)</b>										
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Terry Cuabo, Administrative Officer						<b>c. Telephone (Area code, number and extension)</b> (671) 475-9682				
<b>b. Signature of Authorized Certifying Official</b> 						<b>d. Email address</b> terry.cuabo@bsp.guam.gov				
						<b>e. Date Report Submitted (Month, Day, Year)</b> 10/18/2010				
						<b>14. Agency use only:</b> OJP Vendor Number: 980017947				
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011										
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060). Washington, DC 20503										

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>	<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2007-CD-BX-0061</b>  2007 Paul Coverdell Forensic Imp. Grant	<b>OMB Approval No.</b>  <b>1121-0264</b>	<b>Page of</b>  <b>1 / 1</b>  pages
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<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>	
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<b>4. Employer Identification Number</b> <b>98-0017947</b>	<b>5. Recipient Account Number or Identifying Number</b> <b>5101E080933PA101</b>	<b>6. Final Report</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/01/07</b>	To: (Month, Day, Year) <b>09/30/10</b>	<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/2010</b>	To: (Month, Day, Year) <b>09/30/2010</b>
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	69,398	27,142	96,540
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	69,398	27,142	96,540
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			96,540
h. Total Federal funds authorized for this funding period			96,594
i. Unobligated balance of Federal funds (Line h minus line g)			54

<b>11. Indirect Expense</b>	<b>a. Type of Rate (Place "X" in appropriate box)</b> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	<b>b. Rate</b>	<b>c. Base</b>	<b>d. Total Amount</b>	<b>e. Federal Share</b>


<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.
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<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.
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Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans	Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>
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Signature of Authorized Certifying Official 	Date Report Submitted
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**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2007-DJ-BX-0063</b>				Page of <b>1 1</b>	
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950</b>									
4a. DUNS Number <b>778904292</b>		4b. EIN <b>98-0018947</b>		5. Recipient Account Number or identifying Number (To report multiple grants, use FFR Attachment) <b>5101H070920E1108</b>			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2006</b>				To: (Month, Day, Year) <b>09/30/2011</b>		9. Reporting Period End Date <b>09/30/2010</b>			
10. Transactions						Cumulative			
(Use lines a-c for single or multiple grant reporting)									
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>									
a. Cash Receipts									
b. Cash Disbursements									
c. Cash on Hand (line a minus b)									
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized						\$ 1,132,013.00			
e. Federal share of expenditures						\$ 943,216.11			
f. Federal share of unliquidated obligations						\$ 188,796.89			
g. Total Federal share (sum of lines e and f)						\$ 1,132,013.00			
h. Unobligated balance of Federal funds (line d minus g)						\$ .00			
<b>Recipient Share:</b>									
i. Total recipient share required						\$ 0.00			
j. Recipient share of expenditures						\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)						\$ 0.00			
<b>Program Income:</b>									
l. Total Federal program income earned						\$ 33,581.56			
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative						\$ 33,581.56			
o. Unexpended program income (line l minus line m or line n)						\$ 0.00			
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
		Not Applicable							
						g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:									
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)									
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>						c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>			
						d. Email address <b>terry.cuabo@bsp.guam.gov</b>			
b. Signature of Authorized Certifying Official 						e. Date Report Submitted (Month, Day, Year) <b>10/27/2010</b>			
						14. Agency use only: OJP Vendor Number: <b>980017947</b>			
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011									
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060). Washington, DC 20503									

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2007-DJ-BX-0063</b>  2007 Byrne Justice Assistance Grant		<b>OMB Approval No.</b>  <b>1121-0264</b>		<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H070920EI108</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2010</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/1/2010</b>		To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				848,031	96,570	944,601	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				848,031	96,570	944,601	
d. Total unliquidated obligations						188,797	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						188,797	
g. Total Federal share (Sum of lines c and f)						1,133,398	
h. Total Federal funds authorized for this funding period						1,132,013	
i. Unobligated balance of Federal funds (Line h minus line g)						(1,385)	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  There is program income of \$33,581.56 generated from program income. This amount will be shown as expended in the Program Income section.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		



# FEDERAL FINANCIAL REPORT

(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2007-RT-BX-0056				Page <span style="float: right;">1</span> of <span style="float: right;">1</span>		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-0000										
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101H070920SE107			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2006					To: (Month, Day, Year) 09/30/2011		<b>9. Reporting Period End Date</b> 09/30/2010			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							<b>Cumulative</b>			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>										
a. Cash Receipts										
b. Cash Disbursements										
c. Cash on Hand (line a minus b)										
(Use lines d-o for single grant reporting)										
<b>Federal Expenditures and Unobligated Balance:</b>										
d. Total Federal funds authorized							\$ 38,567.00			
e. Federal share of expenditures							\$ 7,169.61			
f. Federal share of unliquidated obligations							\$ 31,397.39			
g. Total Federal share (sum of lines e and f)							\$ 38,567.00			
h. Unobligated balance of Federal funds (line d minus g)							\$ .00			
<b>Recipient Share:</b>										
i. Total recipient share required							\$ 0.00			
j. Recipient share of expenditures							\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)							\$ 0.00			
<b>Program Income:</b>										
l. Total Federal program income earned							\$ 0.00			
m. Program income expended in accordance with the deduction alternative										
n. Program income expended in accordance with the addition alternative							\$ 0.00			
o. Unexpended program income (line l minus line m or line n)							\$ 0.00			
<b>11. Indirect Expense</b>		a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		
g. Totals:										
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:										
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)										
a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer						c. Telephone (Area code, number and extension) (671) 475-9682				
b. Signature of Authorized Certifying Official 						d. Email address terry.cuabo@bsp.guam.gov				
						e. Date Report Submitted (Month, Day, Year) 10/26/2010				
						<b>14. Agency use only:</b> OJP Vendor Number: 980017847				
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011										
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503										

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>	<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2007-RT-BX-0056</b>  2007 RSAT	<b>OMB Approval No.</b> <b>1121-0264</b>  Expires: 01/31/2006	<b>Page of</b>  <b>1 / 1</b>  <b>pages</b>
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>			
<b>4. Employer Identification Number</b> <b>98-0017947</b>	<b>5. Recipient Account Number or Identifying Number</b> <b>5101H070920SE107</b>	<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2006</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/2010</b> To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	7,170	7,170
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	0	7,170	7,170
d. Total unliquidated obligations			31,397
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			31,397
g. Total Federal share (Sum of lines c and f)			38,567
h. Total Federal funds authorized for this funding period			38,567
i. Unobligated balance of Federal funds (Line h minus line g)			0
<b>11. Indirect Expense</b>	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed  b. Rate                      c. Base                      d. Total Amount                      e. Federal Share		
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.			
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>		Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>	
Signature of Authorized Certifying Official 		Date Report Submitted	

# FEDERAL FINANCIAL REPORT


(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2008-DJ-BX-0058</b>				Page 1 of 1																									
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans          P.O. Box 2950 Hagatna, GU 96932-2950</b>																																	
4a. DUNS Number  <b>778904292</b>		4b. EIN  <b>98-0018947</b>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H080920E1108</b>			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual																								
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2007</b>					To: (Month, Day, Year) <b>09/30/2011</b>			9. Reporting Period End Date <b>09/30/2010</b>																									
10. Transactions (Use lines a-c for single or multiple grant reporting)							Cumulative																										
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>																																	
a. Cash Receipts																																	
b. Cash Disbursements																																	
c. Cash on Hand (line a minus b)																																	
(Use lines d-o for single grant reporting)																																	
<b>Federal Expenditures and Unobligated Balance:</b>																																	
d. Total Federal funds authorized							<b>\$ 373,273.00</b>																										
e. Federal share of expenditures							<b>\$ 273,728.33</b>																										
f. Federal share of unliquidated obligations							<b>\$ 79,517.45</b>																										
g. Total Federal share (sum of lines e and f)							<b>\$ 353,245.78</b>																										
h. Unobligated balance of Federal funds (line d minus g)							<b>\$ 20,027.22</b>																										
<b>Recipient Share:</b>																																	
i. Total recipient share required							<b>\$ 0.00</b>																										
j. Recipient share of expenditures							<b>\$ 0.00</b>																										
k. Remaining recipient share to be provided (line i minus j)							<b>\$ 0.00</b>																										
<b>Program Income:</b>																																	
l. Total Federal program income earned							<b>\$ 0.00</b>																										
m. Program income expended in accordance with the deduction alternative																																	
n. Program income expended in accordance with the addition alternative							<b>\$ 0.00</b>																										
o. Unexpended program income (line l minus line m or line n)							<b>\$ 0.00</b>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">11. Indirect Expense</th> <th style="width: 15%;">a. Type</th> <th style="width: 10%;">b. Rate</th> <th style="width: 15%;">c. Period From</th> <th style="width: 15%;">Period To</th> <th style="width: 10%;">d. Base</th> <th style="width: 15%;">e. Amount Charged</th> <th style="width: 10%;">f. Federal Share</th> </tr> <tr> <td></td> <td>Not Applicable</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">g. Totals:</td> <td></td> <td></td> <td></td> </tr> </table>										11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		Not Applicable							g. Totals:							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share																										
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:																																	
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)																																	
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>						c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>																											
b. Signature of Authorized Certifying Official 						d. Email address <b>terry.cuabo@bsp.guam.gov</b>																											
						e. Date Report Submitted (Month, Day, Year) <b>10/26/2010</b>																											
14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011																																	
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503																																	

# FINANCIAL STATUS REPORT

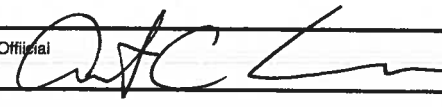
(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>	<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2008-DJ-BX-0058</b>  2007 Byrne Justice Assistance Grant	<b>OMB Approval No.</b>  <b>1121-0264</b>	<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>				
<b>4. Employer Identification Number</b> <b>98-0017947</b>	<b>5. Recipient Account Number or Identifying Number</b> <b>5101H080920E1108</b>	<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2007</b>	To: (Month, Day, Year) <b>9/30/2011</b>	<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/1/2010</b>	To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	238,301	35,427	273,728	
b. Recipient share of outlays	0	0	0	
c. Federal share of outlays	238,301	35,427	273,728	
d. Total unliquidated obligations			79,518	
e. Recipient share of unliquidated obligations			0	
f. Federal share of unliquidated obligations			79,518	
g. Total Federal share (Sum of lines c and f)			353,246	
h. Total Federal funds authorized for this funding period			373,273	
i. Unobligated balance of Federal funds (Line h minus line g)			20,027	
<b>11. Indirect Expense</b>	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.				
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>			Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>	
Signature of Authorized Certifying Official 			Date Report Submitted	

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2008-DJ-BX-0735</b>				Page <b>1</b> of <b>1</b>		
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans</b> <b>P.O. Box 2950 Hagatna, GU 96932-2950</b>										
4a. DUNS Number  <b>778904292</b>		4b. EIN  <b>98-0018947</b>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>5101H090920E1108</b>			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2007</b>					To: (Month, Day, Year) <b>09/30/2011</b>		9. Reporting Period End Date <b>09/30/2010</b>			
10. Transactions (Use lines a-c for single or multiple grant reporting) <b>Federal Cash (To report multiple grants also use FFR Attachment):</b> a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b)							<b>Cumulative</b>			
(Use lines d-o for single grant reporting) <b>Federal Expenditures and Unobligated Balance:</b> d. Total Federal funds authorized e. Federal share of expenditures f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g)							\$ 25,179.00 \$ 5,473.08 \$ 17,383.92 \$ 22,857.00 \$ 2,322.00			
<b>Recipient Share:</b> i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j)							\$ 0.00 \$ 0.00 \$ 0.00			
<b>Program Income:</b> l. Total Federal program income earned m. Program Income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line l minus line m or line n)							\$ 0.00  \$ 0.00 \$ 0.00			
11. Indirect Expense		a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		
g. Totals:										
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:										
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)										
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>						c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>				
b. Signature of Authorized Certifying Official 						d. Email address <b>terry.cuabo@bsp.guam.gov</b>				
e. Date Report Submitted (Month, Day, Year) <b>10/26/2010</b>						14. Agency use only: OJP Vendor Number: <b>980017947</b> Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011				
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503										

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2008-DJ-BX-0735</b>  2008 Byrne Justice Assistance Grant Sup		<b>OMB Approval No.</b>  <b>1121-0264</b>		<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H090920E1108</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>9/30/2011</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/2010</b>		To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				4,479	994	5,473	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				4,479	994	5,473	
d. Total unliquidated obligations						17,384	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						17,384	
g. Total Federal share (Sum of lines c and f)						22,857	
h. Total Federal funds authorized for this funding period						25,179	
i. Unobligated balance of Federal funds (Line h minus line g)						2,322	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2008-GP-CX-0047				Page 1 of 1																													
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950																																					
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  98-0018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101H080920SE102			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual																														
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 09/01/2008				To: (Month, Day, Year) 08/31/2011		<b>9. Reporting Period End Date</b> 09/30/2010																															
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting) <b>Federal Cash (To report multiple grants also use FFR Attachment):</b> <table style="width: 100%;"> <tr> <td style="width: 60%;">a. Cash Receipts</td> <td style="width: 40%;"></td> </tr> <tr> <td>b. Cash Disbursements</td> <td></td> </tr> <tr> <td>c. Cash on Hand (line a minus b)</td> <td></td> </tr> </table> (Use lines d-o for single grant reporting) <b>Federal Expenditures and Unobligated Balance:</b> <table style="width: 100%;"> <tr> <td style="width: 60%;">d. Total Federal funds authorized</td> <td style="width: 40%; text-align: right;">\$ 53,679.00</td> </tr> <tr> <td>e. Federal share of expenditures</td> <td style="text-align: right;">\$ 20,399.18</td> </tr> <tr> <td>f. Federal share of unliquidated obligations</td> <td style="text-align: right;">\$ 28,356.69</td> </tr> <tr> <td>g. Total Federal share (sum of lines e and f)</td> <td style="text-align: right;">\$ 48,755.87</td> </tr> <tr> <td>h. Unobligated balance of Federal funds (line d minus g)</td> <td style="text-align: right;">\$ 4,923.13</td> </tr> </table> <b>Recipient Share:</b> <table style="width: 100%;"> <tr> <td style="width: 60%;">i. Total recipient share required</td> <td style="width: 40%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>j. Recipient share of expenditures</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>k. Remaining recipient share to be provided (line i minus j)</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table> <b>Program Income:</b> <table style="width: 100%;"> <tr> <td style="width: 60%;">l. Total Federal program income earned</td> <td style="width: 40%; text-align: right;">\$ 0.00</td> </tr> <tr> <td>m. Program income expended in accordance with the deduction alternative</td> <td></td> </tr> <tr> <td>n. Program income expended in accordance with the addition alternative</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>o. Unexpended program income (line l minus line m or line n)</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>						a. Cash Receipts		b. Cash Disbursements		c. Cash on Hand (line a minus b)		d. Total Federal funds authorized	\$ 53,679.00	e. Federal share of expenditures	\$ 20,399.18	f. Federal share of unliquidated obligations	\$ 28,356.69	g. Total Federal share (sum of lines e and f)	\$ 48,755.87	h. Unobligated balance of Federal funds (line d minus g)	\$ 4,923.13	i. Total recipient share required	\$ 0.00	j. Recipient share of expenditures	\$ 0.00	k. Remaining recipient share to be provided (line i minus j)	\$ 0.00	l. Total Federal program income earned	\$ 0.00	m. Program income expended in accordance with the deduction alternative		n. Program income expended in accordance with the addition alternative	\$ 0.00	o. Unexpended program income (line l minus line m or line n)	\$ 0.00	<b>Cumulative</b>	
a. Cash Receipts																																					
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n. Program income expended in accordance with the addition alternative	\$ 0.00																																				
o. Unexpended program income (line l minus line m or line n)	\$ 0.00																																				
<b>11. Indirect Expense</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>a. Type</b></td> <td style="width: 20%;"><b>b. Rate</b></td> <td style="width: 20%;"><b>c. Period From</b></td> <td style="width: 20%;"><b>Period To</b></td> <td style="width: 20%;"><b>d. Base</b></td> <td style="width: 20%;"><b>e. Amount Charged</b></td> <td style="width: 20%;"><b>f. Federal Share</b></td> </tr> <tr> <td colspan="7">Not Applicable</td> </tr> </table>	<b>a. Type</b>	<b>b. Rate</b>	<b>c. Period From</b>	<b>Period To</b>	<b>d. Base</b>	<b>e. Amount Charged</b>	<b>f. Federal Share</b>	Not Applicable																												
<b>a. Type</b>	<b>b. Rate</b>	<b>c. Period From</b>	<b>Period To</b>	<b>d. Base</b>	<b>e. Amount Charged</b>	<b>f. Federal Share</b>																															
Not Applicable																																					
g. Totals:																																					
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:																																					
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)																																					
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Terry Cuabo, Administrative Officer					<b>c. Telephone (Area code, number and extension)</b> (671) 475-9682																																
<b>b. Signature of Authorized Certifying Official</b> 					<b>d. Email address</b> terry.cuabo@bsp.guam.gov																																
<b>e. Date Report Submitted (Month, Day, Year)</b> 10/26/2010					<b>14. Agency use only:</b> OJP Vendor Number: 980017947																																
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011																																					
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060). Washington, DC 20503																																					



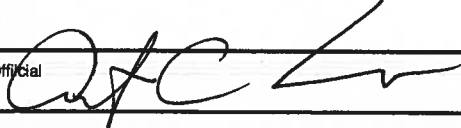
# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>	<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2008-GP-CX-0047</b>  2008 Project Safe Neighborhoods	<b>OMB Approval No.</b> <b>1121-0264</b>	<b>Page of</b> <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>				
<b>4. Employer Identification Number</b> <b>98-0017947</b>	<b>5. Recipient Account Number or Identifying Number</b> <b>5101H080920SE102</b>	<b>6. Final Report</b> [ ] YES [ X ] NO	<b>7. Basis</b> [ ] Cash [ X ] Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>9/1/2008</b>	To: (Month, Day, Year) <b>8/30/2011</b>	<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/10</b>	To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	15,848	4,551	20,399	
b. Recipient share of outlays	0	0	0	
c. Federal share of outlays	15,848	4,551	20,399	
d. Total unliquidated obligations			28,357	
e. Recipient share of unliquidated obligations			0	
f. Federal share of unliquidated obligations			28,357	
g. Total Federal share (Sum of lines c and f)			48,756	
h. Total Federal funds authorized for this funding period			53,679	
i. Unobligated balance of Federal funds (Line h minus line g)			4,923	
<b>11. Indirect Expense</b>	a. Type of Rate (Place "X" in appropriate box) [ ] Provisional [ ] Predetermined [ ] Final [ X ] Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.				
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>			Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>	
Signature of Authorized Certifying Official 			Date Report Submitted	

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2008-RT-BX-0012				Page <b>1</b> of <b>1</b>		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-0000										
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101H090920SE107			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2007				To: (Month, Day, Year) 09/30/2011			<b>9. Reporting Period End Date</b> 09/30/2010			
<b>10. Transactions</b>							<b>Cumulative</b>			
(Use lines a-c for single or multiple grant reporting)										
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>										
a. Cash Receipts										
b. Cash Disbursements										
c. Cash on Hand (line a minus b)										
(Use lines d-o for single grant reporting)										
<b>Federal Expenditures and Unobligated Balance:</b>										
d. Total Federal funds authorized							\$ 36,298.00			
e. Federal share of expenditures							\$ 1,705.96			
f. Federal share of unliquidated obligations							\$ 32,668.00			
g. Total Federal share (sum of lines e and f)							\$ 34,373.96			
h. Unobligated balance of Federal funds (line d minus g)							\$ 1,924.04			
<b>Recipient Share:</b>										
i. Total recipient share required							\$ 0.00			
j. Recipient share of expenditures							\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)							\$ 0.00			
<b>Program Income:</b>										
l. Total Federal program income earned							\$ 0.00			
m. Program income expended in accordance with the deduction alternative										
n. Program income expended in accordance with the addition alternative							\$ 0.00			
o. Unexpended program income (line l minus line m or line n)							\$ 0.00			
<b>11. Indirect Expense</b>	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share			
	Not Applicable									
				g. Totals:						
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:										
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)										
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Terry Cuabo, Administrative Officer						<b>c. Telephone (Area code, number and extension)</b> (671) 475-9682				
						<b>d. Email address</b> terry.cuabo@bsp.guam.gov				
<b>b. Signature of Authorized Certifying Official</b> 						<b>e. Date Report Submitted (Month, Day, Year)</b> 10/27/2010				
						<b>14. Agency use only:</b> OJP Vendor Number: 980017947				
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011										
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060). Washington, DC 20503										

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2008-RT-BX-0012</b>  2008 RSAT		<b>OMB Approval No.</b> <b>1121-0264</b>  Expires: 01/31/2006		<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H090920SE107</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>9/30/2011</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/2010</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				1,489	217	1,706	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				1,489	217	1,706	
d. Total unliquidated obligations						32,668	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						32,668	
g. Total Federal share (Sum of lines c and f)						34,374	
h. Total Federal funds authorized for this funding period						36,298	
i. Unobligated balance of Federal funds (Line h minus line g)						1,924	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

(Follow form instruction)

Printed by GMS on 10/13/2010 11:44 PM

# FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2007-GP-CX-0028</b>  2007 Project Safe Neighborhoods		<b>OMB Approval No.</b> <b>1121-0264</b>		<b>Page of</b> <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H070920SE102</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>9/1/2007</b>		To: (Month, Day, Year) <b>8/30/2010</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/1/2010</b>		To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				52,330	985	53,315	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				52,330	985	53,315	
d. Total unliquidated obligations						0	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (Sum of lines c and f)						53,315	
h. Total Federal funds authorized for this funding period						55,909	
i. Unobligated balance of Federal funds (Line h minus line g)						2,594	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> 2009-RT-BX-0012				Page <b>1</b> of <b>1</b>		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-0000										
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b>  5101H100920SE107			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2008					To: (Month, Day, Year) 09/30/2012		<b>9. Reporting Period End Date</b>  09/30/2010			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							<b>Cumulative</b>			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>										
a. Cash Receipts										
b. Cash Disbursements										
c. Cash on Hand (line a minus b)										
(Use lines d-o for single grant reporting)										
<b>Federal Expenditures and Unobligated Balance:</b>										
d. Total Federal funds authorized							\$ 40,675.00			
e. Federal share of expenditures							\$ 0.00			
f. Federal share of unliquidated obligations							\$ 0.00			
g. Total Federal share (sum of lines e and f)							\$ 0.00			
h. Unobligated balance of Federal funds (line d minus g)							\$ 40,675.00			
<b>Recipient Share:</b>										
i. Total recipient share required							\$ 0.00			
j. Recipient share of expenditures							\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)							\$ 0.00			
<b>Program Income:</b>										
l. Total Federal program income earned							\$ 0.00			
m. Program income expended in accordance with the deduction alternative										
n. Program income expended in accordance with the addition alternative							\$ 0.00			
o. Unexpended program income (line l minus line m or line n)							\$ 0.00			
<b>11. Indirect Expense</b>		a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		
					g. Totals:					
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b>										
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)</b>										
a. Typed or Printed Name and Title of Authorized Certifying Official  Terry Cuabo, Administrative Officer							c. Telephone (Area code, number and extension) (671) 475-9682			
b. Signature of Authorized Certifying Official							d. Email address terry.cuabo@bsp.guam.gov			
							e. Date Report Submitted (Month, Day, Year) 10/27/2010			
							<b>14. Agency use only:</b> OJP Vendor Number: 980017947			
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011										
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060). Washington, DC 20503										

# FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2009-RT-BX-0012</b>  2009 RSAT		<b>OMB Approval No.</b> <b>1121-0264</b>  Expires: 01/31/2006		<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H0100920SE107</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2008</b>		To: (Month, Day, Year) <b>9/30/2012</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/2010</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						36,607	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						36,607	
g. Total Federal share (Sum of lines c and f)						36,607	
h. Total Federal funds authorized for this funding period						40,675	
i. Unobligated balance of Federal funds (Line h minus line g)						4,068	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		



**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2009-CD-BX-0002				Page <b>1</b> of <b>1</b>	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950									
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101E100933PA101			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2009				To: (Month, Day, Year) 09/30/2011		<b>9. Reporting Period End Date</b> 09/30/2010			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)						<b>Cumulative</b>			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>									
a. Cash Receipts									
b. Cash Disbursements									
c. Cash on Hand (line a minus b)									
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized						\$ 140,397.00			
e. Federal share of expenditures						\$ 23,625.02			
f. Federal share of unliquidated obligations						\$ 116,771.98			
g. Total Federal share (sum of lines e and f)						\$ 140,397.00			
h. Unobligated balance of Federal funds (line d minus g)						\$ .00			
<b>Recipient Share:</b>									
i. Total recipient share required						\$ 0.00			
j. Recipient share of expenditures						\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)						\$ 0.00			
<b>Program Income:</b>									
l. Total Federal program income earned						\$ 0.00			
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative						\$ 0.00			
o. Unexpended program income (line l minus line m or line n)						\$ 0.00			
<b>11. Indirect Expense</b>		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
		Not Applicable							
g. Totals:									
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:									
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)									
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Terry Cuabo, Administrative Officer						<b>c. Telephone (Area code, number and extension)</b> (671) 475-9682			
						<b>d. Email address</b> terry.cuabo@bsp.guam.gov			
<b>b. Signature of Authorized Certifying Official</b> 						<b>e. Date Report Submitted (Month, Day, Year)</b> 10/18/2010			
						<b>14. Agency use only:</b> OJP Vendor Number: 980017947			
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011									
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060). Washington, DC 20503									

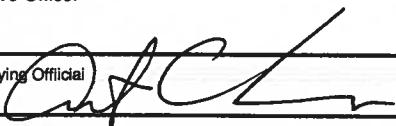
# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2009-CD-BX-0002</b>  2009 Paul Coverdell Forensic Imp. Grant		<b>OMB Approval No.</b> <b>1121-0264</b>		<b>Page of</b> <b>1 / 1</b>  <b>pages</b>	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101E100933PA101</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/01/09</b>		To: (Month, Day, Year) <b>09/30/10</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/1/2010</b>		To: (Month, Day, Year) <b>09/30/2010</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				5,903	17,722	23,625	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				5,903	17,722	23,625	
d. Total unliquidated obligations						116,772	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						116,772	
g. Total Federal share (Sum of lines c and f)						140,397	
h. Total Federal funds authorized for this funding period						140,397	
i. Unobligated balance of Federal funds (Line h minus line g)						0	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

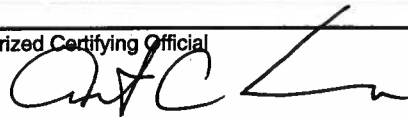
**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)						Page    of	
U.S. Department of Justice		2009-SU-B9-0007						1      1	
3. Recipient Organization (Name and complete address including Zip code)  Guam Bureau of Statistics and Plans P.O. Box 2950Hagatna, GU 96932-2950									
4a. DUNS Number  778904292		4b. EIN  98-0018947		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H090920AR108			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) 03/01/2009				To: (Month, Day, Year) 02/28/2013			9. Reporting Period End Date  09/30/2010		
10. Transactions						Cumulative			
(Use lines a-c for single or multiple grant reporting)									
Federal Cash (To report multiple grants also use FFR Attachment):									
a. Cash Receipts									
b. Cash Disbursements									
c. Cash on Hand (line a minus b)									
(Use lines d-o for single grant reporting)									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized						\$ 4,972,500.00			
e. Federal share of expenditures						\$ 2,149,073.01			
f. Federal share of unliquidated obligations						\$ 2,213,304.68			
g. Total Federal share (sum of lines e and f)						\$ 4,362,377.69			
h. Unobligated balance of Federal funds (line d minus g)						\$ 610,122.31			
Recipient Share:									
i. Total recipient share required						\$ 0.00			
j. Recipient share of expenditures						\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)						\$ 0.00			
Program Income:									
l. Total Federal program income earned						\$ 0.00			
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative						\$ 0.00			
o. Unexpended program income (line l minus line m or line n)						\$ 0.00			
11. Indirect Expense									
a. Type		b. Rate	c. Period From	d. Base	e. Amount Charged	f. Federal Share			
Not Applicable									
g. Totals:									
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:									
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)									
a. Typed or Printed Name and Title of Authorized Certifying Official  Terry Cuabo, Administrative Officer					c. Telephone (Area code, number and extension) (871) 475-9682				
					d. Email address terry.cuabo@bsp.guam.gov				
b. Signature of Authorized Certifying Official 					e. Date Report Submitted (Month, Day, Year) 10/27/2010				
					14. Agency use only: CJP Vendor Number: 980017947				
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011									
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060). Washington, DC 20503									

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2009-SU-B9-0007</b>  <small>2009 Byrne Recovery Act Justice Assistance Grant</small>		<b>OMB Approval No.</b>  <b>1121-0264</b>		<b>Page of</b>  <b>1 / 1</b>  <b>pages</b>	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H090920AR108</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>3/1/2009</b>		To: (Month, Day, Year) <b>2/28/2013</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/01/10</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				952,136	1,196,937	2,149,073	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				952,136	1,196,937	2,149,073	
d. Total unliquidated obligations						2,213,305	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						2,213,305	
g. Total Federal share (Sum of lines c and f)						4,362,378	
h. Total Federal funds authorized for this funding period						4,972,500	
i. Unobligated balance of Federal funds (Line h minus line g)						610,122	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-GP-BX-0030</b>			Page 1 of 1																								
3. Recipient Organization (Name and complete address including Zip code) <b>Guam Bureau of Statistics and Plans          Post Office Box 2950 Hagatna, GU 96932-2950</b>																														
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)			6. Report Type	7. Basis of Accounting																								
778904292	98-0018947	5101H100920SE102			<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual																								
8. Project/Grant Period From: (Month, Day, Year) 10/01/2009				To: (Month, Day, Year) 09/30/2012		9. Reporting Period End Date 09/30/2010																								
10. Transactions (Use lines a-c for single or multiple grant reporting) <b>Federal Cash (To report multiple grants also use FFR Attachment):</b> a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b)						Cumulative																								
(Use lines d-o for single grant reporting) <b>Federal Expenditures and Unobligated Balance:</b> d. Total Federal funds authorized e. Federal share of expenditures f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g)																														
						\$ 52,808.00																								
						\$ 0.00																								
						\$ 47,527.20																								
						\$ 47,527.20																								
						\$ 5,280.80																								
<b>Recipient Share:</b> i. Total recipient share required j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j)																														
						\$ 0.00																								
						\$ 0.00																								
						\$ 0.00																								
<b>Program Income:</b> l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative o. Unexpended program income (line l minus line m or line n)																														
						\$ 0.00																								
						\$ 0.00																								
						\$ 0.00																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 10%;">11. Indirect Expense</td> <td style="width: 15%;">a. Type</td> <td style="width: 10%;">b. Rate</td> <td style="width: 15%;">c. Period From</td> <td style="width: 15%;">Period To</td> <td style="width: 15%;">d. Base</td> <td style="width: 15%;">e. Amount Charged</td> <td style="width: 10%;">f. Federal Share</td> </tr> <tr> <td colspan="7">Not Applicable</td> </tr> <tr> <td colspan="5" style="text-align: right;">g. Totals:</td> <td colspan="3"></td> </tr> </table>								11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	Not Applicable							g. Totals:							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share																							
	Not Applicable																													
g. Totals:																														
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:																														
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)																														
a. Typed or Printed Name and Title of Authorized Certifying Official <b>Terry Cuabo, Administrative Officer</b>					c. Telephone (Area code, number and extension) <b>(671) 475-9682</b>																									
b. Signature of Authorized Certifying Official 					d. Email address <b>terry.cuabo@bsp.guam.gov</b>																									
					e. Date Report Submitted (Month, Day, Year) <b>10/26/2010</b>																									
14. Agency use only: OJP Vendor Number: 980017947 Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011																														


## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2009-GP-BX-0030</b>  2009 Project Safe Neighborhoods		<b>OMB Approval No.</b> <b>1121-0264</b>		<b>Page of</b> <b>1 / 1</b>  <b>pages</b>	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H100920SE102</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2009</b>		To: (Month, Day, Year) <b>9/30/2012</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/1/10</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						47,527	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						47,527	
g. Total Federal share (Sum of lines c and f)						47,527	
h. Total Federal funds authorized for this funding period						52,808	
i. Unobligated balance of Federal funds (Line h minus line g)						5,281	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

(Follow form instruction)


<b>1. Federal Agency and Organizational Element</b> to Which Report Is Submitted  U.S. Department of Justice						<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  2009-DJ-BX-0035								Page     of  1        1					
<b>3. Recipient Organization (Name and complete address including Zip code)</b>  Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950																			
<b>4a. DUNS Number</b>				<b>4b. EIN</b>				<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)						<b>6. Report Type</b>			<b>7. Basis of Accounting</b>		
778904292				98-0018947				5101HO90920EI109						<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final			<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2008								<b>To:</b> (Month, Day, Year) 09/30/2012				<b>9. Reporting Period End Date</b> 09/30/2010							
<b>10. Transactions</b>																<b>Cumulative</b>			
(Use lines a-c for single or multiple grant reporting)																			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>																			
a. Cash Receipts																			
b. Cash Disbursements																			
c. Cash on Hand (line a minus b)																			
(Use lines d-o for single grant reporting)																			
<b>Federal Expenditures and Unobligated Balance:</b>																			
d. Total Federal funds authorized										\$ 1,209,694.00									
e. Federal share of expenditures										\$ 156,866.86									
f. Federal share of unliquidated obligations										\$ 832,858.14									
g. Total Federal share (sum of lines e and f)										\$ 989,725.00									
h. Unobligated balance of Federal funds (line d minus g)										\$ 219,969.00									
<b>Recipient Share:</b>																			
i. Total recipient share required										\$ 0.00									
j. Recipient share of expenditures										\$ 0.00									
k. Remaining recipient share to be provided (line i minus j)										\$ 0.00									
<b>Program Income:</b>																			
l. Total Federal program income earned										\$ 0.00									
m. Program income expended in accordance with the deduction alternative																			
n. Program Income expended in accordance with the addition alternative										\$ 0.00									
o. Unexpended program income (line l minus line m or line n)										\$ 0.00									
<b>11. Indirect Expense</b>		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share											
		Not Applicable																	
					<b>g. Totals:</b>														
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  																			
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)																			
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  Terry Cuabo, Administrative Officer												<b>c. Telephone</b> (Area code, number and extension) (671) 475-9882							
												<b>d. Email address</b> terry.cuabo@bsp.guam.gov							
<b>b. Signature of Authorized Certifying Official</b>												<b>e. Date Report Submitted</b> (Month, Day, Year) 10/27/2010							
												<b>14. Agency use only:</b> CJP Vendor Number: 980017947							
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011																			
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503.																			



# FINANCIAL STATUS REPORT

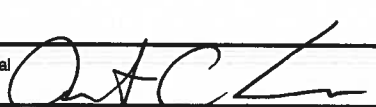
(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2009-DJ-BX-0035</b>  2009 Byrne Edward Byrne Justice Assistance Grant		<b>OMB Approval No.</b>  <b>1121-0264</b>		<b>Page of</b>  <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H090920EI109</b>		<b>6. Final Report</b> [ ] YES [ X ] NO		<b>7. Basis</b> [ ] Cash [ X ] Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2008</b>		To: (Month, Day, Year) <b>9/30/2012</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/10</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				9,534	147,333	156,867	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				9,534	147,333	156,867	
d. Total unliquidated obligations						832,858	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						832,858	
g. Total Federal share (Sum of lines c and f)						989,725	
h. Total Federal funds authorized for this funding period						1,209,694	
i. Unobligated balance of Federal funds (Line h minus line g)						219,969	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) [ ] Provisional [ ] Predetermined [ ] Final [ X ] Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

9

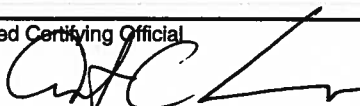
**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted  U.S. Department of Justice			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  2010-RT-BX-0063			Page of 1 1	
3. Recipient Organization (Name and complete address including Zip code)  Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-0000							
4a. DUNS Number  778904292	4b. EIN  98-0018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year) 10/01/2009				To: (Month, Day, Year) 09/30/2013		9. Reporting Period End Date  09/30/2010	
10. Transactions						Cumulative	
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$ 118,366.00	
e. Federal share of expenditures						\$ 0.00	
f. Federal share of unliquidated obligations						\$ 0.00	
g. Total Federal share (sum of lines e and f)						\$ 0.00	
h. Unobligated balance of Federal funds (line d minus g)						\$ 118,366.00	
Recipient Share:							
i. Total recipient share required						\$ 0.00	
j. Recipient share of expenditures						\$ 0.00	
k. Remaining recipient share to be provided (line i minus j)						\$ 0.00	
Program Income:							
l. Total Federal program income earned						\$ 0.00	
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative						\$ 0.00	
o. Unexpended program income (line l minus line m or line n)						\$ 0.00	
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official  Terry Cuabo, Administrative Officer					c. Telephone (Area code, number and extension) (671) 475-9682		
b. Signature of Authorized Certifying Official					d. Email address terry.cuabo@bsp.guam.gov		
					e. Date Report Submitted (Month, Day, Year) 10/27/2010		
14. Agency use only: OJP Vendor Number: 980017947							
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503							

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2010-RT-BX-0063</b>  2010 RSAT		<b>OMB Approval No.</b> <b>1121-0264</b>  Expires: 01/31/2006		<b>Page of</b>  <b>1 / 1</b>  pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>						
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2009</b>		To: (Month, Day, Year) <b>9/30/2013</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>7/01/2010</b>		To: (Month, Day, Year) <b>09/30/10</b>
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative
a. Total outlays				0	0	0
b. Recipient share of outlays				0	0	0
c. Federal share of outlays				0	0	0
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total Federal share (Sum of lines c and f)						0
h. Total Federal funds authorized for this funding period						118,366
i. Unobligated balance of Federal funds (Line h minus line g)						118,366
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.						
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans				Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 				Date Report Submitted		

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2010-DJ-BX-0030				Page <u>1</u> of <u>1</u>							
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950															
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual						
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/2009				To: (Month, Day, Year) 09/30/2013			<b>9. Reporting Period End Date</b> 09/30/2010								
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting) <b>Federal Cash (To report multiple grants also use FFR Attachment):</b> a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b)							<b>Cumulative</b>								
(Use lines d-o for single grant reporting) <b>Federal Expenditures and Unobligated Balance:</b> d. Total Federal funds authorized <span style="float: right;">\$ 1,142,387.00</span> e. Federal share of expenditures <span style="float: right;">\$ 0.00</span> f. Federal share of unliquidated obligations <span style="float: right;">\$ 0.00</span> g. Total Federal share (sum of lines e and f) <span style="float: right;">\$ 0.00</span> h. Unobligated balance of Federal funds (line d minus g) <span style="float: right;">\$ 1,142,387.00</span>															
<b>Recipient Share:</b> i. Total recipient share required <span style="float: right;">\$ 0.00</span> j. Recipient share of expenditures <span style="float: right;">\$ 0.00</span> k. Remaining recipient share to be provided (line i minus j) <span style="float: right;">\$ 0.00</span>															
<b>Program Income:</b> l. Total Federal program income earned <span style="float: right;">\$ 0.00</span> m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative <span style="float: right;">\$ 0.00</span> o. Unexpended program income (line l minus line m or line n) <span style="float: right;">\$ 0.00</span>															
<b>11. Indirect Expense</b>		a. Type Not Applicable		b. Rate		c. Period From		Period To		d. Base		e. Amount Charged		f. Federal Share	
g. Totals:															
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:															
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)															
<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Terry Cuabo, Administrative Officer										<b>c. Telephone (Area code, number and extension)</b> (671) 475-9682					
<b>b. Signature of Authorized Certifying Official</b>										<b>d. Email address</b> terry.cuabo@bsp.guam.gov					
										<b>e. Date Report Submitted (Month, Day, Year)</b> 10/27/2010					
<b>14. Agency use only:</b> OJP Vendor Number: 980017947															
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011															
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060). Washington, DC 20503															

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2010-DJ-BX-0030</b>  <small>2010 Byrne Edward Byrne Justice Assistance Grant</small>		<b>OMB Approval No.</b>  <b>1121-0264</b>		<b>Page of</b>  <b>1 / 1</b>  <b>pages</b>	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>10/1/2009</b>		To: (Month, Day, Year) <b>9/30/2013</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/01/10</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						0	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (Sum of lines c and f)						0	
h. Total Federal funds authorized for this funding period						1,142,387	
i. Unobligated balance of Federal funds (Line h minus line g)						1,142,387	
<b>11. Indirect Expense</b>		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		

**FEDERAL FINANCIAL REPORT**  
(Follow form instruction)

<b>1. Federal Agency and Organizational Element</b> to Which Report is Submitted U.S. Department of Justice				<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 2010-GP-BX-0033				Page    of 1      1		
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950										
<b>4a. DUNS Number</b>  778904292		<b>4b. EIN</b>  98-0018947		<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 5101H110920SE102			<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Project/Grant Period</b> From: (Month, Day, Year) 07/01/2010				To: (Month, Day, Year) 06/30/2013			<b>9. Reporting Period End Date</b> 09/30/2010			
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)							<b>Cumulative</b>			
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>										
a. Cash Receipts										
b. Cash Disbursements										
c. Cash on Hand (line a minus b)										
(Use lines d-o for single grant reporting)										
<b>Federal Expenditures and Unobligated Balance:</b>										
d. Total Federal funds authorized							\$ 53,064.00			
e. Federal share of expenditures							\$ 0.00			
f. Federal share of unliquidated obligations							\$ 0.00			
g. Total Federal share (sum of lines e and f)							\$ 0.00			
h. Unobligated balance of Federal funds (line d minus g)							\$ 53,064.00			
<b>Recipient Share:</b>										
i. Total recipient share required							\$ 0.00			
j. Recipient share of expenditures							\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)							\$ 0.00			
<b>Program Income:</b>										
l. Total Federal program income earned							\$ 0.00			
m. Program income expended in accordance with the deduction alternative										
n. Program income expended in accordance with the addition alternative							\$ 0.00			
o. Unexpended program income (line l minus line m or line n)							\$ 0.00			
<b>11. Indirect Expense</b>	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share			
g. Totals:										
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:										
<b>13. Certification:</b> By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)										
a. Typed or Printed Name and Title of Authorized Certifying Official Terry Cuabo, Administrative Officer						c. Telephone (Area code, number and extension) (671) 475-9682				
b. Signature of Authorized Certifying Official						d. Email address terry.cuabo@bsp.guam.gov				
						e. Date Report Submitted (Month, Day, Year) 10/27/2010				
						<b>14. Agency use only:</b> OJP Vendor Number: 980017947				
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011										
<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503										

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  <b>U.S. Department of Justice</b> <b>Office of Justice Programs</b>		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  <b>2010-GP-BX-0033</b>  2010 Project Safe Neighborhoods		<b>OMB Approval No.</b> <b>1121-0264</b>		<b>Page of</b> <b>1 / 1</b>  pages	
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
<b>4. Employer Identification Number</b> <b>98-0017947</b>		<b>5. Recipient Account Number or Identifying Number</b> <b>5101H110920SE102</b>		<b>6. Final Report</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) <b>7/1/2009</b>		To: (Month, Day, Year) <b>6/30/2013</b>		<b>9. Period Covered by this Report</b> From: (Month, Day, Year) <b>07/1/10</b>		To: (Month, Day, Year) <b>09/30/10</b>	
<b>10. Transactions:</b>				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						0	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (Sum of lines c and f)						0	
h. Total Federal funds authorized for this funding period						53,064	
i. Unobligated balance of Federal funds (Line h minus line g)						53,064	
<b>11. Indirect Expense</b>	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed						
	b. Rate		c. Base		d. Total Amount		e. Federal Share
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
<b>13. Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted		



# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  Department of Commerce/NOAA		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NA07NOS4260060</div>		Page 1	of 2			
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam								
<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H080930EI114		<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b>  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
<b>8. Project/Grant Period</b> From: (Month, Day, Year) <div style="text-align: center;">October 1, 2007</div>		To: (Month, Day, Year) <div style="text-align: center;">September 30, 2011</div>		<b>9. Reporting Period End Date</b> (Month, Day, Year) <div style="text-align: center;">September 30, 2010</div>				
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)					Cumulative			
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>								
a. Cash Receipts					\$227,736.54			
b. Cash Disbursements					\$261,725.54			
c. Cash on Hand (line a minus b)					-\$33,989.00			
<b>(Use lines d-o for single grant reporting)</b>								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized					N/A			
e. Federal share of expenditures					N/A			
f. Federal share of unliquidated obligations					N/A			
g. Total Federal share (sum of lines e and f)					N/A			
h. Unobligated balance of Federal funds (line d minus g)					N/A			
<b>Recipient Share:</b>								
i. Total recipient share required					N/A			
j. Recipient share of expenditures					N/A			
k. Remaining recipient share to be provided (line i minus j)					N/A			
<b>Program Income:</b>								
l. Total Federal program income earned					N/A			
m. Program income expended in accordance with the deduction alternative					N/A			
n. Program income expended in accordance with the addition alternative					N/A			
o. Unexpended program income (line l minus line m or line n)					N/A			
<b>11. Indirect Expense</b>	a. Type N/A	b. Rate N/A	c. Period From N/A	Period To N/A	d. Base N/A	e. Amount Charged N/A	f. Federal Share N/A	
g. Totals:								N/A
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</b> See Page 2								
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>								
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>ALBERTO A. LAMORENA V, Director</b>					c. Telephone (Area code, number and extension) (671)472-4201-3			
b. Signature of Authorized Certifying Official 					d. Email address tlamorena@gmail.com			
e. Date Report Submitted (Month, Day, Year) 28 OCT 2010					<b>14. Agency use only:</b> See Page 2			

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  NA07NOS4260060		Page 2	of 2
3. Recipient Organization (Name and complete mailing address including Zip code) Government of Guam, Department of Administration Manuel F. L. Guerrero Building, 212 Aspinall Ave., Hagatna, GU 96910-0212 GUM - Guam					
4a. DUNS Number  778904292	4b. EIN  980018947	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  5101H080930EI114	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	6. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)  October 1, 2007		To: (Month, Day, Year)  September 30, 2011		9. Reporting Period End Date From: (Month, Day, Year)  September 30, 2010	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  As of 9/30/10 there is a negative cash on hand in the amount of (\$33,989.00). Our Accounting department made subsequent drawdowns immediately after the closing of the semi-annual period. A total of \$32,829.53 in drawdowns were made after the semi-annual reporting period. Additional drawdowns were made on the following dates:  10/07/10 - \$14,187.26 10/15/10 - \$ 9,274.70 10/19/10 - \$ 9,367.57					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report has NOT been submitted.  Cash on hand (line 10.c) is -\$33,989.00. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 58% of the Federal funding for this award in 75% of the award period.					

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Depart. of Interior / Office of Insular Affairs	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment)  CRI-GU-07	Page <div style="border: 1px solid black; width: 30px; margin: 0 auto; text-align: center;">1</div> of <div style="border: 1px solid black; width: 30px; margin: 0 auto; text-align: center;"> </div> pages
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<b>3. Recipient Organization (Name and complete address including Zip code)</b> BUREAU OF STATISTICS AND PLANS - GOVERNMENT OF GUAM P.O. BOX 2950 HAGATNA, GUAM 96932
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<b>4a. DUNS Number</b>  778904292	<b>4b. EIN</b>  980018947	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)  5101H070930EI115	<b>6. Report Type</b> <input type="radio"/> Quarterly <input checked="" type="radio"/> Semi-Annual <input type="radio"/> Annual <input type="radio"/> Final	<b>7. Basis of Accounting</b>  <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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<b>8. Project/Grant Period</b> From: (Month, Day, Year) 10/01/06	To: (Month, Day, Year) 10/31/10	<b>9. Reporting Period End Date</b> (Month, Day, Year) 0930/10
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<b>10. Transactions</b>	Cumulative
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(Use lines a-c for single or multiple grant reporting)

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$ 189208.18
b. Cash Disbursements	\$ 332719.36
c. Cash on Hand (line a minus b)	(\$143,511.18)

(Use lines d-o for single grant reporting)

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$ 365000.00
e. Federal share of expenditures	\$ 332719.36
f. Federal share of unliquidated obligations	\$ 11031.18
g. Total Federal share (sum of lines e and f)	\$ 343750.54
h. Unobligated balance of Federal funds (line d minus g)	\$ 21249.46

<b>Recipient Share:</b>	
i. Total recipient share required	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00

<b>Program Income:</b>	
l. Total Federal program income earned	0.00
m. Program income expended in accordance with the deduction alternative	0.00
n. Program income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
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<b>13. Certification:</b> By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)
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<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Alberto A. Lamorena V</div>	<b>c. Telephone (Area code, number and extension)</b> (671) 472-472-420  <b>d. Email address</b>  _____
<b>b. Signature of Authorized Certifying Official</b> 	<b>e. Date Report Submitted (Month, Day, Year)</b>  _____
<b>14. Agency use only:</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Standard Form 425 - Revised 6/28/2010  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

<b>Paperwork Burden Statement</b> According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.
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(Follow form instructions)

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**(Follow form instructions)**

**(Use lines a-c for single or multiple grant reporting)**


a. Cash Receipts	\$ 0.00
b. Cash Disbursements	\$ 1,347.00
c. Cash on Hand (line a minus b)	( \$ 1,347.00)

d. Total Federal funds authorized	\$ 439500.00
e. Federal share of expenditures	\$ 1,347.00
f. Federal share of unliquidated obligations	\$ 154882.36
g. Total Federal share (sum of lines e and f)	\$ 212398.74
h. Unobligated balance of Federal funds (line d minus g)	\$ 283270.64

i. Total recipient share required	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00

l. Total Federal program income earned	0.00
m. Program income expended in accordance with the deduction alternative	0.00
n. Program income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:*

a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center;"><b>Alberto A. Lamorena V</b></div>	c. Telephone (Area code, number and extension) (671) 472-472-420
b. Signature of Authorized Certifying Official 	d. Email address  e. Date Report Submitted (Month, Day, Year)

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